



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200006

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE RESTAURANT AT DUNES ROAD, L.L.C.

DOING BUSINESS AS LURE

ADDRESS OFF KATAMA RD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: WEBSTER,
BROOKE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS WITH SERVICE BAR ON SECOND LEVEL. NO BAR ON FIRST LEVEL. LOCATED OFF KATAMA RD. WITH EXITS AND ENTRANCES TO SAME.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200008

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOATHOUSE BAR, LLC

DOING BUSINESS AS NAVIGATOR RESTAURANT & BOATHOUSE BAR

ADDRESS 2 MAIN ST

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: Anderson, Scott

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE FIRST FLOOR OF 2 MAIN STREET EXCLUDING THE 2ND FLOOR ENTRY AND FOYER, WITH ENTRANCES AND EXITS ON MAIN STREET AND THE REAR OF THE PROPERTY, INCLUDING THE OUTDOOR PATIO AND DECKS. STORAGE IN THE BASEMENT OF THE PROPERTY.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200015

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOJO CORPORATION

DOING BUSINESS AS CHESCA'S

ADDRESS 38 NORTH WATER ST.

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: PATTERSON,
JOANNE
MAXWELL

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG.W/REST. LOCATED ON THE EASTERN CORNER OF THE PROPERTY KNOWN AS COLONIAL INN.1ST.FLR.FOOD SERVICE LIMITED TO A REST. APPROX.44'X66'INCL.SERVICE ON ENCLOSED PORCH AREAS&EXCLUDING SERVICE IN RETAIL SHOPS,LAWN,VERANDA&LOBBY.SERVICE BAR ONLY.ABC SERVED W/FOOD ONLY

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200016

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHAPPAQUIDDICK BEACH CLUB INC

DOING BUSINESS A

ADDRESS 37 CHAPPAQUIDDICK RD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: MACRAE, PETER TYPE OF LICENSE: Club
B.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 37 CHAPPAQUIDDICK RD., ENTRANCE AND EXIT TO SAID ROAD. ONE FLOOR, ONE ROOM BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200017

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEAFOOD SHANTY RESTAURANT MANAGEMENT, INC.

DOING BUSINESS AS THE SEAFOOD SHANTY

ADDRESS 31 DOCK ST

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: DENISE PAGE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 31 DOCK ST. ENTRANCE AND EXIT TO DOCK ST. FIRST AND SECOND FLOORS,
INCLUDING OUTSIDE DECKS ON FIRST FLOOR AND OUTSIDE TERRACE ON SECOND FLOOR OF
WOOD FRAME BUILDING.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200023

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREAT HARBOR GOURMET AND SPIRITS, INC

DOING BUSINESS AS EDGARTOWN LIQUOR & GOURMET

ADDRESS 40 MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: HALL, BENJAMIN L JR

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH A SINGLE ENTRANCE ON MAIN ST AND TWO REAR ENTR. OFF EITHER SIDE; APPROX. 800 S/F

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200026

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ESPRESSO LOVE, INC.

DOING BUSINESS AS ESPRESSO LOVE CAFE

ADDRESS 17 CHURCH ST.

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: MCMANUS,
CAROL A.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOOD FRAME STRUCTURE WITH OUTDOOR DECK AND OUTDOOR PATIO AREA.
TOTAL OF 97 SEATS FOR PATRONS INSIDE AND OUT. TWO ENTRANCES, ONE EMERGENCY EXIT.
NO SERVICE OF ALCOHOL FROM OUTSIDE SHUCKING BAR

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200029

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHINA HOUSE RESTAURANT, INC.

DOING BUSINESS AS CHINA HOUSE

ADDRESS 234 UPPER MAIN ST.

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: CHENG, YEE BIU TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT 1500 SQ. FT. UNITS 3,4, & 5. TWO ENTRANCES, TWO DINING AREAS,
FULL KITCHEN WITH TWO ENTRANCES. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200053

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE GOLF CLUB OF MARTHA'S VINEYARD, INC.

DOING BUSINESS AS VINEYARD GOLF CLUB

ADDRESS 100 CLUBHOUSE LANE

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: DALY, GERARD D. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISES IS 100 CLUBHOUSE LANE MAIN ENTRANCE ON SOUTH SIDE OF BUILDING AND 2 EXITS ON EACH SIDE OF DINING ROOM. DINING CONSISTS OF BAR, LIBRARY AND TWO EXITS OFF THE MAIN CORRIDOR. PREMISES CONSISTS OF A WOOD, STEEL AND CONCRETE BUILDING WITH THREE FLOORS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200057

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMONG THE FLOWERS, INC

DOING BUSINESS AS AMONG THE FLOWERS

ADDRESS 17 MAYHEW LANE

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: TOOMEY,
PAULINE C. H.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT TO MAYHEW LANE. SMALL CAFE FOR TWO INSIDE AND TEN TABLES ON AN
ENCLOSED AND COVERED PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200063

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: L'AVALON, INC

DOING BUSINESS AS L'ETOILE

ADDRESS 22 NORTH WATER ST

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: BRISSON,
MICHAEL P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE/EXIT THRU FRONT DOOR INTO HALLWAY FACING THE LOUNGE/BAR. TO THE LEFT IS THE FRONT DINING ROOM. BEHIND THAT IS MIDDLE DINING ROOM WHICH HAS AN EXIT TO THE OUTDOOR PATIO DINING AREA, AS WELL AS BEING NEXT TO THE BACK DINING ROOM, SEPARATED BY A SMALL HALF WALL

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200066

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIGHT FORK,LLC

DOING BUSINESS AS THE RIGHT FORK DINER

ADDRESS 12 MATTAKESETT WAY

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: LANGLEY, JAMIE TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISES ARE LOCATED AT 12 MATTAKESETT WAY WITH ENTRANCE AND EXIT TO THE SAME. ONE STORY BUILDING W/TWO ENTRANCES/EXITS CONSISTING OF AN OPEN DINING ROOM, OUTDOOR DECK AREA KITCHEN, DISHROOM AND BASEMENT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200068

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOATHOUSE CLUB,LLC

DOING BUSINESS AS THE BOATHOUSE

ADDRESS 2 FIELD HOUSE ROAD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: ANDERSON,SCOT TYPE OF LICENSE: Club
T

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 2 FIELD HOUSE ROAD INCLUDING CLUBHOUSE, FITNESS CENTER, TENNIS FACILITIES,
POOL AND ALL OTHER BUILDINGS AND GROUNDS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200069

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOATHOUSE CLUB, LLC

DOING BUSINESS AS THE BOATHOUSE

ADDRESS 2A MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER:

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE 2ND AND 3RD FLOOR OF 2 MAIN STREET WITH ENT/EXITS ON MAIN STREET AND THE REAR OF THE PROPERTY INCLUDING A FOYER ON THE 1ST FLOOR, AND DECKS ON THE 2ND AND THIED FLOOR. STORAG LOCATED IN THE BASEMENT OF THE PEOPERTY

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200070

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FLATBREAD MARTHA'S VINEYARD INC.

DOING BUSINESS AS FLATBREAD COMPANY

ADDRESS 17 AIRPORT ROAD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: CUCCHIARELLI,
PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE SPLIT LEVEL FLOOR..UPPER LEVEL, MEN'S ROOM AND LADIES ROOM, STORAGE ROOM,
KITCHEN, TWO OFFICES AND INDOOR PATIO...LOWER LEVEL WITH MAIN LOUNGE & DANCE
FLOOR...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200075

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLACK SHEEP CHARCUTERIE, INC.

DOING BUSINESS AS BLACK SHEEP

ADDRESS 18 N. SUMMER ST.

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: VENETTE, MARK TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BLDG. WITH ONE OFF STREET ENT/EXIT. SECONDARY EXIT FOR EMERGENCY AND STAFF ONLY. NO ON SITE CUSTOMER PARKING OR OUTDOOR GATERING SPACE. STORAGE OF BEVERAGES ARE A SERVER STATION AND SECOND FLOOR LOCKED OFFICE/STORAGE AREA. LOCATION WILL NOT HAVE A VAR HOWEVER WILL HAVE TABLE SEATING FOR 24 PATRONS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200077

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREENHOUSE LLC

DOING BUSINESS AS

ADDRESS 55 MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: COURTNEY,
PATRICK MODE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A SINGLE STORY BRICK STRUCTURE WITH A FULL BASEMENT. 1ST FLOOR: BATHROOM, KITCHEN, DINING ROOM WITH 8 OUTDOOR SEATS PLACED AGAINST FRONT OF THE BUILDING BASEMENT USED FOR FOOD PREP, STORAGE, DISHWASHING AND BATHROOMS. TWO EXITS; ONE TO MAIN STREET CENTERED ON FRONT OF THE BUILDING AND A SIDE EXIT TO NORTH SUMMER STREET IN THE REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

